

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-031763

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 200

Primary Registration District No. _____

Registrar's No. 140VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Registration District No. 200

Primary Registration District No. _____

Registrar's No. 1401. PLACE OF DEATH
a. COUNTY MACONb. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN ATLANTA

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION _____Inside Limits
Yes ☐ No ☐2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY MACONc. CITY
OR TOWN ATLANTAInside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

Reside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

William Thomas Stout4. DATE
OF DEATH

Month

Day

Year

8-15-1962

5. SEX

Male

6. COLOR OR RACE

White7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

1-20-1871

9. AGE (last birthday)

91

IF UNDER 1 YEAR

Months 6Days 25Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retail Lumber

10b. KIND OF BUSINESS OR INDUSTRY

Lumber

11. BIRTHPLACE (City and state of country)

Kentucky

12. CITIZEN OF WHAT COUNTRY

U.S.A

13a. FATHER'S NAME

Jesse Stout

13b. MOTHER'S MAIDEN NAME

Elizabeth Virginia Robertson

14. NAME OF HUSBAND OR WIFE

Margaret E. Stout

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

No

(Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Walter Armstrong - Exe/soySpring, Mo18. CAUSE OF DEATH (Enter only one cause per line
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

SenilityConditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Aug 6-62 to Aug 15-62 and last saw her Aug 15-1962
Death occurred at 10:00pm on the date stated above, and to the best of my knowledge from the causes stated.

22a. SIGNATURE

(Degree or title)

O L. Woodward DO

22b. ADDRESS

Atlanta Mo

22c. DATE SIGNED

8-18-6223a. BURIAL, CREMATION,
REMOVAL (Specify)

23b. DATE

8-17-1962

23c. NAME OF CEMETERY OR CREMATORY

MT. TABOR

23d. LOCATION (City, town, or county)

ATLANTA - MO.

24. FUNERAL DIRECTOR

ADDRESS

Theo H. Gouding - Atlanta, Mo

25. DATE RECD. BY LOCAL REG.

8/20/62

25. REGISTRAR'S SIGNATURE

Cute McNeely

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Thos H. Gooding

Licensed Embalmer No. 3982

P. O. Address Atlanta, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.